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PUBLIC HEALTH AND HUMAN SERVICES



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DATE: June 12, 2005

TO: Don Nevivvy, Executive Director
Roger Solberg, Chairman of the Board of Directors

FROM: Connie Wethern, Quality Improvement Specialist
Developmental Disabilities Program

SUBJECT: Malta Opportunities Quality Assurance Review

Connie Wethern
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In October and November 2004 I was at Malta Opportunities completing a review of Malta Opportunities services. The review covered the past year, September 2003 through September 2004. The process included:

1. A desk review of data collected though the review period included but not limited to: incident report trends, medication errors, Adult Protective Service issues, Client Rights, IP issues, and a review of licensing, accreditation and fiscal reports, etc.
2. An on-site review involving checking agency and clients records, a client and staff interview, and observations at the different facilities and individuals homes.
3. A review of quarterly reports for assessing quality of services provided.

During the review the use of Quality Assurance Observation Sheets (QAOS) were used to record exemplary practices and indicated deficiencies. The QAOS record what is observed and which Administrative Rule or Contract Requirement is surpassed or deficient. There were seven exemplary and eight deficiencies QAOS written during this review.

Administrative:

Financial reports and the audit from May 2004 looked good. The group Home was relicensed with no deficiencies (QAOS # 4). No APS issues were substantiated through the past year.

All personnel background checks were done within the times frames and good documentation was kept (QAOS # 2).

A consumer of services sits in on staff interviews when MOI is hiring for new positions (QAOS #3). Consumers have input into hiring the staff that might work with them.

Residential:

Health and Safety

The vehicles used to transport people were well maintained and clean.

I interviewed two people from the group home. Both were happy with the services they received. I reviewed their programs and records. Interviewed and looked at the programs and records of one individual in Supported Living.

All Group home staff that helped with medication delivery were med certified. Medications were in a locked, secure area. The medications review that is done by Phyllis monthly is very beneficial in checking for areas of concern and dealing with them before they become a major problem (QAOS #7). It also lets staff know when they are doing a good job. When looking at the medication documentation it was noticed that staff used white out on the med sheets (QAOS #12). A single line should have been drawn through the error and staff should have initialed it. MOI responded to this concern by stating that Phyllis attended a group home meeting and gave training on this issue. Another concern was that staff did not initial when an over the counter medication was given. Phyllis also gave training on this issue.

Documented safety checks are done monthly at the group home by the maintenance person. He checks the fire extinguishers, the smoke detectors and the fire safety system, he checks the water temperature and the hall sensors (QAOS #7). The group home emergency procedures book looked good (QAOS #5). These were thorough procedures outlined for various emergencies that might arise. These procedures were gone over with the group home residents at their client meeting. All supported living situations had fire extinguishers and smoke detectors. They were checked monthly and documentation was kept. All apartments had two means of egress.

Water temperature was within the safe range at the group home and in the supported living apartments.

██████ was referred for a PAP under sedation (QAOS #16). There was no follow-up found. According to the records ██████ did not get the recommended medical test. This issue has since been addressed and staff followed up with a doctor and documentation was kept.

When issues arose over clients and their safety on bikes, these concerns were immediately addressed by MOI (QAOS #1). Documentation was kept on the videos watched and the training that was done with the people.

The group home leisure and recreation logs looked much better this year (QAOS #8). People are being offered more varies choices in activities.

A consumer in Supported Living bought his own home this year (QAOS #6). This has been his dream for many years. Supported Living staff helped him make his dream a reality. ██████ is now a homeowner and is very proud of his home. MOI helped him hold an open house so that he could show off his home.

Service Planning and Delivery

Individual Plans were found for each person residential services. These plans were accessible to all staff.. The quarterly status reports were submitted in a timely manner.

In the group home assessments were not always done in a consistent manner (QAOS #14). The scoring grids were not always used as they were meant to. Some was made up and not all people will know what it means. There has been some progress since last year but there is still a ways to go. Another concern noted on assessments was that the assessments did not always reflect accurately the persons skill and that programs were not always based on the assessment (QAOS #13). assessment for brushing teeth gave her all '5's' but the dentist stated she needed to improve brushing everyday. This was an issue on previous dental reports. Her assessment also said she was independent in her laundry skills but she was on a program for laundry. There didn't seem to be a need for a program to teach her to do her laundry. MOI responded that they are going to develop an "Assessment Team". This team will complete the assessments using a team approach and the people on the team will know the individual and their skills.

When criteria is established for a program the data taken needs to match what the criteria asks for (QAOS #10). An example was that [REDACTED]'s med program criteria was for a percent but this was not what was documented. MOI responded that the staff did not have a clear understanding of this and training will be done with them.

[REDACTED] long range goal states that he wants to have his own home. He receive many 2's or 3's on his assessment (QAOS #15) in the areas of safety skills. None of these needs were addressed in his IP. According to his assessment he receive a 0 on changing a light bulb, cleaning the toilet and shower. These are important skills for someone whose goal is to live in his own home. MOI responded that the Hab. Specialist will review the assessments to determine what skills need to be addressed.

At the group home [REDACTED]'s rights were violated on two occasions (QAOS #11). Both occurred when she has a 'behavior' and staff took a privilege away from her. This can only be done when there is a behavior program in place in which this is the specified consequence. MOI responded that the hab. specialist will meet with staff and go over this with them.

Staffing

Staff ratios were fine. The group home had the contracted number of staff at each of my visits.

Orientation was done with all new hires. DDOT is used. Documentation is kept in the staffs personnel file. I did the staff survey questionnaire with a staff from the group home and the trainer for the supported living/community supports programs. They all did well on the questions.

Work/Day/Community Employment

Malta Opportunities continues to do a good job trying to find outside employment for the people at their work activity center. Many of the people have outside jobs and MOI staff offer job coaching as needed. The people while at the activity center continue to be busy. There are many jobs offered and when there is 'down time' people are encouraged to work on a leisure activity.

Health and Safety

The vehicle used to transport people is well maintained and clean. All staff had their Driving Record checked and documentation is in their files.

I interviewed 6 people who use work services. They were all very satisfied with the services they received and wish to continue with MOI.

All staff are med certified. At the time of my on-site review there were no medications taken at the work activity center. I was shown where the medications would be stored and it was a locked cabinet. The procedure for medication delivery was described by staff to me and met our requirements.

All smoke detectors and fire extinguishers are checked monthly and documentation is kept. Fire drills are done monthly and documented.

Service Planning and Delivery

Individual Plans are available for all staff to read.

Programs were run and documentation was kept for all programs.

Staffing

Staff ratios were at the contract number during this review and during the drop in visits throughout the past year.

Community Supports

There are two people in Community Supports at MOI.

Health and Safety

Both individuals live in the family home.

Service Planning and Delivery

Both individuals have current IP's in place. Assessments were done before each IP.

Both individuals were interviewed are happy with the services received. Both attend the day center part time and receive some in home services. They both stated that they did not want anything changed. They were happy with the staff that worked with them.

Staffing

The staff that works with the people in Community Supports has been with MOI for 6 years.

The Community Supports staff did well on the staff questionnaire.

Conclusion

All of the responses from MOI on the QAOS findings are accepted.

I wish to thank all the staff and individuals served at Malta Opportunities for the assistance that I received throughout this review. Everyone went out of their way to help me and get me the information that I needed. I always enjoy my time at Malta Opportunities, especially visiting with staff and the individuals that you provide services to.

cc: Dain Christianson, Regional Manager
Tim Plaska, Bureau Chief
John Zeeck, Quality Assurance